



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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Director

January 29, 2010

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**APRIL 28, 2009 AMENDMENT TO ITEM NO. 24: KATIE A. STRATEGIC PLAN,
MONTHLY REPORT ON THE MENTAL HEALTH SCREENING PROCESS**

On April 28, 2009 the Board ordered the Chief Executive Officer (CEO), the Department of Children and Family Services (DCFS), and the Department of Mental Health (DMH) to prepare a monthly report on the mental health screening process beginning May 30, 2009. This report tracks the implementation in Service Planning Area (SPA) 1, 6 and 7 offices of the Coordinated Services Action Team (CSAT) and the Referral Tracking System (RTS) regarding the mental health screening, assessment and service linkage protocols for children in new and currently open DCFS cases from implementation on May 1, 2009 through December 31, 2009.

The RTS Summary Data Report

As discussed in the Katie A. Strategic Plan, the CSAT and RTS provide the organizational structure and system by which DCFS and DMH will ensure and track the mental health screening, assessment, and service linkage process for children in new and currently open DCFS cases. The attached RTS Summary Data Report provides definitions of the three tracks to screening and nineteen (19) data elements that provide participation rates, timeliness, and the context for greater understanding of factors affecting the service linkage process.

Each RTS Summary Data Report concludes with a summary total, labeled "Cumulative," providing a combined total or average rate achieved for all data elements from all CSAT and RTS operational offices. As noted in previous reports to your Board, the data for the RTS Summary Data Report is continuously entered, with the final compliance rates evident only after 90 days from the date of a newly opened case or the case plan due date for currently open cases. Policy requires a child to be screened within the first 30 calendar days of case opening or case plan due date. Children who screen positive should be referred for mental health services no later than the next 30 days and should begin to receive mental health services no later than 30 days from the date of the referral.

The RTS Summary Data Report, submitted to your Board at the end of the month, was compiled from data entered up to the 18th of the month and represents the work completed up to that date for the previous months' required cases.

Summary Highlights

Data entered as of January 15, 2010 into the Child Welfare Services/Case Management System (CWS/CMS) indicates the year-to-date progress made by SPA 7 from implementation on May 1, 2009, by SPA 6 from August 1, and by SPA 1 from September 1 through December 31, 2009.

- A total of **922** individual Children's Social Workers (CSWs) completed mental health screens to date.
- Out of a total of **12,642** children potentially requiring a mental health screen, **8,637** children were determined to be in need of a screen, and of those, **8,143** children were screened at a **94%** screening rate.
- Out of **8,143** children screened, **3,198** children screened positive, **76** consents for children to receive mental health services were declined, leaving **3,122** children to be referred for mental health services, and of those, **2,890** children were referred for mental health services at a **93%** referral rate.
- Out of **2,890** children referred for mental health services, **2,626** children received a mental health service activity at a **91%** access rate.
- The average number of days between the case opening or case plan due date and completion of a mental health screen was **20** calendar days.
- The average number of days between a positive mental health screen or Multidisciplinary Assessment Team (MAT) referral and referral for mental health service was **7** calendar days.
- The average number of days between a referral for mental health service and the first mental health service activity was **4** calendar days.

- The average number of days between a referral for mental health service and the date of admission into a mental health program was 14 calendar days.

Quality of Mental Health Services

Telephone surveys were conducted by DMH in January as a means of monitoring the quality of mental health services being provided and the level of satisfaction experienced by parents, caregivers and children. Parent advocates employed by DMH administered the survey. It focused on children referred through the CSAT process in September 2009 at the Santa Fe Springs, Belvedere and Compton offices. The survey sample included 85 caregivers and 15 children over the age of 12 years. Of the 85 caregivers, 43 were available to be interviewed and of the 15 children, three were available to be interviewed. Of those caretakers and children interviewed:

- 89% indicated that they were satisfied or very satisfied with the mental health services they were receiving.
- 88% indicated that services were provided in a convenient location.
- 100% indicated that the service provider spoke in their preferred language.
- 100% indicated positive benefits from the mental health services that included improvement in the following areas: coping skills, relationships with family members and peers, and school performance.

Lessons Learned

Implementation of the CSAT and RTS in SPAs 1, 6 and 7 continue to present important lessons, namely:

1. Lessons that have been learned during Phase I implementation are incorporated into the newly developed training, "Preparing for CSAT- the Regional Office Set-Up." It provides newly hired Service Linkage Specialists (SLSs) with a roadmap for the introduction of CSAT into Phase II regional offices. The training includes guidelines on essential tasks, such as setting up the physical framework in the office (fax, in-box, etc.), and skill-building to foster teaming, support CSWs and provide in-service training for regional staff. In addition, to address staff turnover as well as provide refresher training, on-going CSAT training commences on January 29, 2010 and continues on every Friday thereafter.
2. On-going training on the appropriate and effective use of the Mental Health Screening Tool (MHST) is critical to ensuring all children in need of mental health services are identified and referred. For example, screening children ages 0-5 years old can be particularly challenging. Behavioral indicators for this population

are difficult to identify, and some parents may unconsciously overlook behavioral indicators in their children and neglect to report concerns to CSWs. As DCFS and DMH staff transition into the program, on-site training is being developed and recommended, with particular attention paid to children ages 0-5 years old. Training will instruct CSWs on alternate ways to ask parents the screening questions so they will be more comfortable and better able to provide details for CSWs to accurately complete the screens. Further, the Departments have identified older children who screened negative on the MHST, who nonetheless should have been referred for mental health services. In addition to the development of training on the completion of the MHST, co-located DMH clinicians are available to provide additional consultation. Finally, as a correlation between the rate of positive screens and the participation of DMH co-located staff in Team-Decision Making (TDM) meetings has been identified, regional staff are encouraged to hold TDM meeting whenever possible.

SUMMARY

Overall, the year-to-date RTS Summary Data Report results remain very good. The screening, referral, and mental health service access rates have varied slightly from last month's progress report (screening rate remained 94%, referral rate increased from 91% to 93%, and the access rate increased from 90% to 91%). A rate of 90% or higher in any category is considered very good primarily because the cumulative rates include cases less than 90 days out from case opening. Additionally, the progress is considered very good given the high number of clients and staff who need to be coordinated and managed in this process. A review of 12,642 children, involving the coordination and work of management and staff across seven regional offices, was required to achieve the year-to-date results.

Furthermore, the survey conducted regarding quality of mental health services continues to be very promising in that the majority of the respondents continued to report feeling satisfied to very satisfied with the services received and experienced improved relationships, coping skills and school performance from the services received.

The next report, due to your Board on February 26, 2010, will reflect CSAT activities and RTS data tracking in SPAs 1, 6 and 7 from initial implementation of CSAT through January 31, 2010.

Each Supervisor
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If you have any questions, please call us or your staff may contact Armand Montiel, Assistant Division Chief, DCFS Office of Board Relations, at (213) 351-5530.

PSP:MJS:WTF:
CJS:AO:EMM:dm

Attachment

c: County Counsel
Executive Office, Board of Supervisors

County of Los Angeles
Department of Children and Family Services
BOS RTS Summary Data Report
Data as of January 18, 2010
From May 2009 to December 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	331	511	1,735	2,577
	(2) Number of children currently receiving mental health services	6	30	559	595
	(3) Number of children requiring screens	331	508	970	1,809
	(4) Number of children screened	300	498	946	1,744
	(5) Number of CSWs completing screens	50	71	112	183
	(6) Number of days between case opening/case plan due date and screen	24	60	1	26
	(7) <i>Rate of screening</i>	91%	98%	98%	96%
	(8) Number of children with positive screens	277	154	191	622
	(9) <i>Rate of children with positive screens</i>	92%	31%	20%	36%
	(10) Number of children for whom consent for mental health services is declined	0	0	1	1
	(11) Number of children with positive screens determined to be EPSDT-eligible	271	139	168	578
	(12) Number of children with positive screens determined to be privately insured	0	0	4	4
	(13) Number of children referred for mental health services	273	148	182	603
	(14) Number of days between screening and referral to mental health provider	1	3	4	2
	(15) <i>Rate of referral</i>	99%	96%	96%	97%
	(16) Number of children accessing services	270	139	170	579
	(17) Number of days between referral for mental health services and the provision of a mental health activity	0	1	7	2
	(18) <i>Rate of mental health services</i>	99%	94%	93%	96%
	(19) Waiting times at directly operated clinics or contract providers	10	7	12	9

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Compton	(1) Number of children	171	344	980	1,495
	(2) Number of children currently receiving mental health services	1	10	341	352
	(3) Number of children requiring screens	169	337	576	1,082
	(4) Number of children screened	153	326	572	1,051
	(5) Number of CSWs completing screens	29	56	111	154
	(6) Number of days between case opening/case plan due date and screen	17	36	8	14
	(7) <i>Rate of screening</i>	91%	97%	99%	97%
	(8) Number of children with positive screens	149	209	199	557
	(9) <i>Rate of children with positive screens</i>	97%	64%	35%	53%
	(10) Number of children for whom consent for mental health services is declined	0	3	3	6
	(11) Number of children with positive screens determined to be EPSDT-eligible	136	177	169	482
	(12) Number of children with positive screens determined to be privately insured	0	0	0	0
	(13) Number of children referred for mental health services	149	189	187	525
	(14) Number of days between screening and referral to mental health provider	2	5	10	6
	(15) <i>Rate of referral</i>	100%	92%	95%	95%
	(16) Number of children accessing services	142	171	181	494
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	5	4
	(18) <i>Rate of mental health services</i>	95%	90%	97%	94%
	(19) Waiting times at directly operated clinics or contract providers	pending	pending	24	24

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Lancaster	(1) Number of children	102	193	693	988
	(2) Number of children currently receiving mental health services	5	6	297	308
	(3) Number of children requiring screens	102	191	330	623
	(4) Number of children screened	102	164	324	590
	(5) Number of CSWs completing screens	32	30	56	92
	(6) Number of days between case opening/case plan due date and screen	16	30	8	16
	(7) <i>Rate of screening</i>	100%	86%	98%	95%
	(8) Number of children with positive screens	81	72	114	267
	(9) <i>Rate of children with positive screens</i>	79%	44%	35%	45%
	(10) Number of children for whom consent for mental health services is declined	5	14	19	38
	(11) Number of children with positive screens determined to be EPSDT-eligible	76	47	109	232
	(12) Number of children with positive screens determined to be privately insured	1	12	0	13
	(13) Number of children referred for mental health services	74	50	90	214
	(14) Number of days between screening and referral to mental health provider	5	6	8	7
	(15) <i>Rate of referral</i>	97%	86%	95%	93%
	(16) Number of children accessing services	72	40	87	199
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	7	5	4
	(18) <i>Rate of mental health services</i>	97%	80%	97%	93%
	(19) Waiting times at directly operated clinics or contract providers	5	5	8	6

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Palmdale	(1) Number of children	103	143	897	1,143
	(2) Number of children currently receiving mental health services	0	4	361	365
	(3) Number of children requiring screens	103	142	477	722
	(4) Number of children screened	101	127	474	702
	(5) Number of CSWs completing screens	25	28	72	101
	(6) Number of days between case opening/case plan due date and screen	17	34	5	14
	(7) <i>Rate of screening</i>	98%	89%	99%	97%
	(8) Number of children with positive screens	68	49	141	258
	(9) <i>Rate of children with positive screens</i>	67%	39%	30%	37%
	(10) Number of children for whom consent for mental health services is declined	0	1	12	13
	(11) Number of children with positive screens determined to be EPSDT-eligible	68	34	125	227
	(12) Number of children with positive screens determined to be privately insured	0	2	6	8
	(13) Number of children referred for mental health services	63	40	114	217
	(14) Number of days between screening and referral to mental health provider	8	4	6	6
	(15) <i>Rate of referral</i>	93%	83%	88%	89%
	(16) Number of children accessing services	59	27	88	174
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	3	1	1
	(18) <i>Rate of mental health services</i>	94%	68%	77%	80%
	(19) Waiting times at directly operated clinics or contract providers	7	19	22	13

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
S F Springs	(1) Number of children	279	337	1,538	2,154
	(2) Number of children currently receiving mental health services	6	3	575	584
	(3) Number of children requiring screens	273	310	829	1,412
	(4) Number of children screened	240	297	814	1,351
	(5) Number of CSWs completing screens	54	71	82	166
	(6) Number of days between case opening/case plan due date and screen	31	25	1	19
	(7) <i>Rate of screening</i>	88%	96%	98%	96%
	(8) Number of children with positive screens	200	145	191	536
	(9) <i>Rate of children with positive screens</i>	83%	49%	23%	40%
	(10) Number of children for whom consent for mental health services is declined	0	5	7	12
	(11) Number of children with positive screens determined to be EPSDT-eligible	164	96	166	426
	(12) Number of children with positive screens determined to be privately insured	2	4	1	7
	(13) Number of children referred for mental health services	173	137	181	491
	(14) Number of days between screening and referral to mental health provider	6	6	16	10
	(15) <i>Rate of referral</i>	87%	98%	98%	94%
	(16) Number of children accessing services	158	137	180	475
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	6	7	5
	(18) <i>Rate of mental health services</i>	91%	100%	99%	97%
	(19) Waiting times at directly operated clinics or contract providers	10	26	27	20

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Vermont Corridor	(1) Number of children	274	269	1,395	1,938
	(2) Number of children currently receiving mental health services	2	6	579	587
	(3) Number of children requiring screens	272	258	715	1,245
	(4) Number of children screened	205	222	704	1,131
	(5) Number of CSWs completing screens	42	55	89	143
	(6) Number of days between case opening/case plan due date and screen	32	35	1	22
	(7) <i>Rate of screening</i>	75%	86%	98%	91%
	(8) Number of children with positive screens	174	84	131	389
	(9) <i>Rate of children with positive screens</i>	85%	38%	19%	34%
	(10) Number of children for whom consent for mental health services is declined	0	0	3	3
	(11) Number of children with positive screens determined to be EPSDT-eligible	157	55	110	322
	(12) Number of children with positive screens determined to be privately insured	0	0	3	3
	(13) Number of children referred for mental health services	160	74	114	348
	(14) Number of days between screening and referral to mental health provider	5	4	9	6
	(15) <i>Rate of referral</i>	92%	88%	89%	90%
	(16) Number of children accessing services	108	65	111	284
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	6	10	6
	(18) <i>Rate of mental health services</i>	68%	88%	97%	82%
	(19) Waiting times at directly operated clinics or contract providers	pending	13	21	17

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Wateridge	(1) Number of children	255	582	1,510	2,347
	(2) Number of children currently receiving mental health services	3	12	472	487
	(3) Number of children requiring screens	254	573	917	1,744
	(4) Number of children screened	227	485	862	1,574
	(5) Number of CSWs completing screens	44	62	119	194
	(6) Number of days between case opening/case plan due date and screen	28	38	2	23
	(7) <i>Rate of screening</i>	89%	85%	94%	90%
	(8) Number of children with positive screens	207	206	156	569
	(9) <i>Rate of children with positive screens</i>	91%	42%	18%	36%
	(10) Number of children for whom consent for mental health services is declined	0	2	1	3
	(11) Number of children with positive screens determined to be EPSDT-eligible	195	178	119	492
	(12) Number of children with positive screens determined to be privately insured	0	0	1	1
	(13) Number of children referred for mental health services	207	179	106	492
	(14) Number of days between screening and referral to mental health provider	2	16	16	10
	(15) <i>Rate of referral</i>	100%	88%	68%	87%
	(16) Number of children accessing services	176	152	93	421
	(17) Number of days between referral for mental health services and the provision of a mental health activity	3	4	2	3
	(18) <i>Rate of mental health services</i>	85%	85%	88%	86%
	(19) Waiting times at directly operated clinics or contract providers	pending	pending	8	8

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		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Cumulative	(1) Number of children	1,515	2,379	8,748	12,642
	(2) Number of children currently receiving mental health services	23	71	3,184	3,278
	(3) Number of children requiring screens	1,504	2,319	4,814	8,637
	(4) Number of children screened	1,328	2,119	4,696	8,143
	(5) Number of CSWs completing screens	221	341	637	922
	(6) Number of days between case opening/case plan due date and screen	25	38	9	20
	(7) <i>Rate of screening</i>	88%	91%	98%	94%
	(8) Number of children with positive screens	1,156	919	1,123	3,198
	(9) <i>Rate of children with positive screens</i>	87%	43%	24%	39%
	(10) Number of children for whom consent for mental health services is declined	5	25	46	76
	(11) Number of children with positive screens determined to be EPSDT-eligible	1,067	726	966	2,759
	(12) Number of children with positive screens determined to be privately insured	3	18	15	36
	(13) Number of children referred for mental health services	1,099	817	974	2,890
	(14) Number of days between screening and referral to mental health provider	4	7	10	7
	(15) <i>Rate of referral</i>	95%	91%	90%	93%
	(16) Number of children accessing services	985	731	910	2,626
	(17) Number of days between referral for mental health services and the provision of a mental health activity	2	4	6	4
	(18) <i>Rate of mental health services</i>	90%	89%	93%	91%
	(19) Waiting times at directly operated clinics or contract providers	8	16	20	14

Track #1: Newly Detained

All newly detained children eligible for the Multidisciplinary Assessment Team (MAT) program will receive a comprehensive assessment (including mental health) and mental health service linkage. All newly detained children not eligible for MAT, or in a SPA with insufficient capacity, will receive a mental health screening by the CSW using the California Institute of Mental Health/Mental Health Screening Tool (CIMH/MHST). Based on a positive mental health screening, children will be referred for mental health services through the co-located DMH staff and/or Service Linkage Specialist (SLS).

Track #2: Newly Open Non-Detained

All newly opened non-detained children (family maintenance or voluntary family reunification) will receive a mental health screening by the CSW using the CIMH/MHST and, based on a positive mental health screening, referred for mental health services through the co-located DMH staff and/or SLS.

Track #3: Existing Open Cases

All existing open cases will receive a mental health screening by the CSW using the CIMH/MHST when the next case plan update is due or a behavioral indicator is present (unless the child is already receiving mental health services) and, based on a positive mental health screening, referred for mental health services through the co-located DMH staff and/or SLS.

Footnotes

- (1) Number of children is defined as the total number of children receiving DCFS services within each screening track.
- (2) Number of children currently receiving mental health services is the number of children in an existing DCFS case who are currently receiving mental health services, defined as having received a billable mental health service activity within the previous 120 calendar days. The number of children currently receiving mental health services in track one and two is provided for information purposes only. The number of children currently receiving mental health services in track three is provided to show the number of children who are not required to be screened.
- (3) Number of children requiring screens is defined as a) the number of newly detained children with a case opening in the month; b) the number of newly open non-detained children with a case opening in the month; c) the number of children in an existing open case, not currently receiving mental health services, with a case plan update due or a behavioral indicator identified requiring the completion of a CIMH/MHST within the month. Additionally, the number of children requiring screens may be reduced by the number of children in cases that were closed or by the number of runaway/abducted children in the 30 day period.
- (4) Number of children screened is defined as the total number of DCFS children for whom a CIMH/MHST or a MAT referral is completed. In accordance with the Strategic Plan, all newly detained MAT-eligible children will automatically be referred for a MAT assessment regardless of the CIMH/MHST outcome. Therefore, a referral to the MAT program acts as a positive screening.
- (5) Number of CSWs completing screens is defined as the number of CSWs who completed a CIMH/MHST.
- (6) Number of days between case opening/case plan due date and screen is defined as the average number of calendar days between the DCFS case opening date or case plan due date and the completion of a CIMH/MHST or MAT referral.
- (7) Rate of screening is defined as the percent of children screened out of the total number required to be screened using a CIMH/MHST or MAT referral.
- (8) Number of children with positive screens is defined as the number of children determined to be in need of a mental health assessment because of a positive CIMH/MHST or MAT referral.
- (9) Rate of children with positive screens is defined as the percent of children with positive screens out of the total number of children screened.
- (10) Number of children for whom consent for mental health services is declined is defined as the number of children for whom consent for mental health services is declined by the parent/legal guardian, the court, and/or a youth age 12 years and older.
- (11) Number of children with positive screens determined to be EPSDT-eligible is defined as the number of children identified to be in need of a mental health assessment determined to be insured through the Federal Medicaid, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.
- (12) Number of children with positive screens determined to be privately insured is defined as the number of children identified to be in need of a mental health assessment and who are privately insured (Kaiser, Blue Cross, etc.).
- (13) Number of children referred for mental health services is defined as the number of children referred for mental health services through all DMH and non-DMH funded programs including MAT, Wraparound, DMH directly operated clinics, other DMH contracted providers, as well as services offered through private insurance, DCFS funded programs or any other type of appropriate mental health provider/program. Additionally, the number of children requiring referral for mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health services was denied in the 60 day period.
- (14) Number of days between screening and referral to mental health provider is defined as the average number of

calendar days between a positive CIMH/MHST or MAT referral and the referral to a mental health provider.

(15) Rate of referral is defined as the percent of children referred to a mental health provider out of the total number with a positive CIMH/MHST or MAT referral.

(16) Number of children accessing services is defined as the number of children referred by DCFS, based upon a positive mental health screening, who subsequently receive a mental health service, including such services as assessment, treatment, case management, consultation, etc. Additionally, the number of children required to receive mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health services was revoked in the 90 day period.

(17) Number of days between referral for mental health services and the provision of a mental health activity is defined as the average number of calendar days between referral for mental health services and the provision of a mental health service activity.

(18) Rate of mental health services is defined as the percent of children who receive a mental health service activity out of the total referred from DCFS.

(19) Waiting times at directly operated clinics or contract providers is defined for purposes of this report, as the number of calendar days between the referral to DMH directly operated or contracted mental health provider staff and the opening of a mental health episode.
